



Procedures. PA requests for medically necessary dentures, pre-transplant dental services and orthodontia services may be submitted via mail, fax or telephone. PA is not necessary in emergency circumstances.

Written dental PA requests must be accompanied by:

1. Referral from member's physician/dentist substantiating medical necessity of services through description of medical condition
2. Dentist's treatment plan and schedule, and
3. Radiographs fully depicting existing teeth and associated structures by standard illumination when appropriate.

● **DIALYSIS**

Description. AHCCCS covers dialysis and related services furnished to AHCCCS FFS members by qualified providers without PA.

Refer to [Chapter 300](#), [Policy 310](#), for covered dialysis services for members not in FESP.

Refer to [Chapter 1100](#), [Policy 1120](#), for information regarding FESP dialysis services.

● **EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES**

Description. EPSDT services provide comprehensive health care, as defined in 9 A.A.C. 22, Article 2, through primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems for enrolled AHCCCS members under 21 years of age. EPSDT also provides for all medically necessary services to treat or ameliorate physical and behavioral health disorders, a defect, or a condition identified in an EPSDT screening. Limitations and exclusion, other than the requirement for medical necessity, do not apply to EPSDT services.

PA for these services is only required as is designated in this policy and in [Chapter 400](#), Policy 430.



Refer to [Chapter 400](#), Policy 430, for complete information regarding EPDST services (overview, definitions, screening requirements, service standards, provider requirements and exhibits).

- **EMERGENCY MEDICAL SERVICES**

Description. A provider is not required to obtain PA for emergency medical services; however, a provider must comply with the notification requirements in 9 A.A.C., Article 2.

Notification of emergency admissions may be submitted via fax or telephone. A provider must notify the Administration no later than 72 hours after a FFS member receiving emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

Refer to [Chapter 300](#), Policy 310 and Exhibit 310-1, for review of the Rule sections regarding FFS emergency services.

Refer to [Chapter 1100](#) for information regarding the Federal Emergency Services Program.

- **EYE CARE/OPTOMETRY SERVICES**

Description. AHCCCS covers eye care/optometric services for members, within limitations. Coverage is provided as described in [Chapter 300](#), Policy 310.

1. Emergency eye care services do not require AHCCCS authorization.
2. Eye examinations and prescriptive lenses are covered only for EPSDT and KidsCare members. PA is not required. Prescriptive lenses for members age 21 and older are not covered unless they are the sole visual prosthetic device used by the member after cataract removal surgery.
3. Cataract removal requires PA from the AHCCCS/DFSM/PA Unit. Children needing cataract removal should be referred to Children's Rehabilitative Services. Other prior authorization requests for cataract removal services may be submitted via mail, fax or telephone.